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## DECLARATION OF JOI WILSON-TOWNSEND, MD

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Comes Now, Joi Wilson-Townsend, M.D. and pursuant to 28 U.S.C. § 1748, declares under penalty of perjury that the foregoing is true and correct:

1. My name is Joi Wilson-Townsend, M.D. I am over the age of 18 years old and have personal knowledge of the facts stated in this declaration.
2. I make this declaration in support of Plaintiffs' Motion for Temporary Restraining Order and Preliminary Injunction.
3. I am currently practicing as a licensed and board-certified pediatrician with Memphis Children's Clinic where I have been practicing since 2015. I practice at our offices in Bartlett and Germantown. Since the start of the pandemic, I have been one of two physicians running our COVID team for Memphis Children's Clinic.
4. I have a B.S. in Neuroscience from Vanderbilt University and a Masters in Public Health from the University of Southern California. I graduated medical school from the University of Tennessee Health Science Center and completed my residency at Le Bonheur Children's Hospital.
5. I have attached my professional curriculum vitae to this Declaration.
6. COVID-19 and especially the Delta variant continue to spread across the United States, Tennessee, and Shelby County.
7. There is no cure for the infection and the vaccines that have been approved in the United States are not yet available for all populations. Specifically, children under the age of 12 are not yet eligible for vaccination.
8. COVID-19 is most commonly transmitted by small viral particles (droplets) exhaled by an infected person that are deposited into the nose, mouth and/or eyes of an uninfected person. This means COVID-19 spreads to an uninfected person when an infected person – including asymptomatic (no symptoms) – speaks, coughs, or sneezes. People with COVID-19 have reported a wide range of symptoms, ranging from no or mild symptoms to severe illness. COVID-19 may cause severe and long-term health complications, including death.
9. COVID-19 can spread quickly. In-person gatherings pose a heightened risk of transmission of COVID-19 as the spread of COVID-19 is more likely when people are in

close contact or proximity with one another (within about six feet). The risk of transmission also increases when individuals gather in close proximity for extended periods, and when they do so in enclosed (indoor) spaces.

10. The consensus by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and other infectious disease experts is that the only way to limit illness and death from COVID-19 until a larger proportion of the population has been vaccinated is through a combination of measures, including: individual behaviors such as wearing masks, maintaining physical distance from others, washing hands and completely avoiding contact with others when ill; widespread testing with isolation of cases and quarantine of close contacts; and community social distancing measures.
11. I understand that many children in Shelby County during the 2019-2020 and 2020-2021 academic year received all or a portion of their education instruction via online or virtual classes. The consensus among pediatricians, policy experts, and educators is that in-person instruction is preferable when compared to online classes for the education of a vast majority of children.
12. Given the increase in the spread of COVID-19 and the Delta variant since the beginning of the summer, the Shelby County Health Department issued a Health Order requiring masks be worn by students, teachers, and staff in schools.
13. Since the issuance of the Shelby County Health Department Health Order, I understand that Governor Lee issued an Executive Order 84 allowing parents of students to opt-out of the mask requirement.
14. I understand that the Plaintiffs in this case seek a temporary restraining order and preliminary and permanent injunctions against Governor Lee's Executive Order and an order requiring the SCDH to enforce its mask mandate requirement in schools.
15. I submit this declaration to address the requirement for wearing masks or face coverings by students in schools as well as the risks posed to students with certain disabilities if their classmates are permitted to opt-out of the mask requirement.
16. Research shows that children are susceptible to infection by COVID-19. While further studies are needed, the evidence to date suggests that children are less likely to be symptomatic and less likely to develop severe symptoms compared to adults. However, the multisystem inflammatory syndrome (MIS-C), which may create serious problems with the heart or other organs and may require hospitalization, continues to appear in children in Tennessee. In addition, children with certain pre-existing medical conditions are at greater risk of developing severe COVID-19 symptoms or death. The American Academy of Pediatrics recommends that children with COVID-19 infection, even if they have no symptoms, see a pediatrician before returning to sports or physical activity, because of the risk of heart complications in children.

17. Research and my personal observations in patients that I have treated demonstrates that any of the children with any of the following conditions are more likely to face severe symptoms, require hospitalization, and potentially die: (a) lung disease, including asthma, chronic obstructive pulmonary disease (e.g., bronchitis or emphysema), or other chronic conditions associated with impaired lung function; (b) heart disease, such as congenital heart disease, congestive heart failure and coronary artery disease; (c) chronic liver or kidney disease (including hepatitis and dialysis patients); (d) diabetes or other endocrine disorders; (e) hypertension; (f) compromised immune systems (such as from cancer, HIV, receipt of an organ or bone marrow transplant, as a side effect of medication, or other autoimmune disease); (g) blood disorders (including sickle cell disease); (h) inherited metabolic disorders; (i) history of stroke; (j) neurological or developmental disability; (k) cancer or cancer treatments; (l) genetic disorders; and/or (m) muscular dystrophy or spinal cord injury. There is also concern for obese children (as it definitely pose a higher risk in adults and we have a large obesity problem in this area).. Also some of our developmentally delayed, children with intellectual disability , autistic children may struggle more to wear masks/face coverings.
18. Given the broad range of conditions that can result in a significantly more adverse reaction to infection from COVID-19 and the prevalence of many of these conditions, such as asthma, in the children of Shelby County, I feel comfortable saying that a child with at least one such condition is present in nearly every classroom in Shelby County.
19. At Memphis Children's Clinic, we have seen a significant increase in the number of children who have tested positive for COVID-19 since the start of school. Due to the overwhelming number of sick children we have needed to make drastic changes to our normal work schedule; including deferring well visits, and working longer hours. Moreover, the number of hospitalizations at Le Bonheur has risen at an alarming rate.
20. Presently, children under the age of 12 years old are not eligible to receive a COVID-19 vaccine. As a result, not all students have had the opportunity or were eligible to be vaccinated before the start of the 2021-2022 school year. Most elementary school children are not old enough to be eligible for the COVID-19 vaccination at this time due to age. For instance, just looking at asthma, the condition is very prevalent among children in Shelby County. Data derived from TennCare between 2014 and 2016 showed that 14.8% of TennCare enrollees in Shelby County had a diagnosis of asthma.
21. Moreover, even children who are eligible for the vaccine and have received the vaccine may still be susceptible to infection if they suffer from a condition or disorder that results in a compromised or suppressed immune system. For example, a child who is receiving cancer treatment, such as chemotherapy or radiation, may receive the vaccine, but gain little protection as their body may not be capable of producing a robust immune response.
22. All children and adolescents benefit from in-person school. The pandemic has taken a toll on children, and it is not just their education that has suffered but also their mental, emotional and physical health. The expert consensus from the American Academy of Pediatrics is that in-person learning is particularly important for educating young children

in the pre-school and elementary school grades and students with disabilities as they are less likely to adapt to remote learning and more likely to require parental supervision while learning.<sup>1</sup> Schools are safe, stimulating, and enriching places for children and teens to learn.

23. Because of the importance of in-person learning, we need to do everything reasonably possible to mitigate the risk of COVID-19 transmission in order to keep all children and adolescents physically in school.
24. While in-person classroom instruction creates increased public risk of COVID-19 transmission, there are modifications that mitigate the risk to an acceptable level. As such, it is vitally important that schools at all levels take all necessary measures to limit the spread of COVID-19 to ensure schools can remain open and safe for all students. Specifically, the implementation of several coordinated interventions can greatly reduce the risk; namely, requiring all students older than 2 years old and all school staff to wear masks and face coverings at school and social distancing where possible.
25. It is my recommendation, consistent with the CDC, the American Academy of Pediatrics, the Shelby County Health Department, that universal masks, subject only to limited exceptions, is necessary for a safe environment for in-person school during the COVID-19 pandemic. This recommendation is based on a number of factors including: a significant portion of the student population is not eligible for vaccination; protection of unvaccinated students from COVID-19 and to reduce transmission; potential difficulty in monitoring and enforcing mask policies for those who are not vaccinated; the rate of community transmission of COVID-19; and continued concerns for variants that are more easily spread among children, adolescents and adults.
26. Requiring individuals to wear a mask or a face covering over their nose and mouth in the school (and larger community) setting is a public health measure individuals must take to reduce the spread of COVID-19.
27. Critically and this is why an option to opt-out of mask wearing is particularly problematic for those who are at higher risk for adverse reaction to a COVID-19 infection, a mask or face covering primarily serves to prevent the spread of COVID-19 from the wearer to others. In other words, those with conditions and/or disorders that make them particularly susceptible to severe COVID-19 symptoms must rely on those around them to protect them from infection by wearing a mask.
28. The CDC notes that masks also help reduce inhalation of these droplets by the wearer.<sup>2</sup> This is especially important when an individual is infected but is not aware of their

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<sup>1</sup> <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>;  
[https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a1.htm?s\\_cid=mm7011a1\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a1.htm?s_cid=mm7011a1_w)

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>

illness. Although wearing a face covering (in addition to other proactive measures) will not completely prevent the spread of COVID-19, each proactive measure contributes to reducing the risk of transmission and increases the likelihood that we keep as many students as possible in the classroom.

29. In summary, requiring masks for all students is consistent with the conclusions of the medical and public health community and is an integral component of the overall campaign to prevent COVID-19 transmission and further mutations of the virus is the adoption of policies requiring masks and face coverings. In order to protect the health and safety of children, especially those who are more susceptible to severe reactions from COVID-19, as well as teachers and other school personnel, and to reduce hospitalizations and deaths, SCHD must be able to take proactive, swift and strong action to mitigate the spread of the virus.
30. As such, the Executive Order allowing parents to opt-out of the county-wide mask mandate undermines the efforts to keep children in the classroom and puts children, even those who continue to mask, at heightened risk for infection and the complications that come with infection from COVID-19.

I swear under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Dated this 27th day of August, 2021.

DocuSigned by:  
  
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JOI WILSON-TOWNSEND, M.D.

## Joi Wilson-Townsend, MD MPH

### Curriculum Vitae

#### PERSONAL DATA

Date of Birth [REDACTED] Place of Birth [REDACTED] Memphis, TN  
Home Address [REDACTED] Telephone [REDACTED]  
Email [REDACTED]

#### EDUCATION

8/08 - 5/12	University of Tennessee Health Science Center, Memphis, TN	MD
	Medicine	
1/06 - 7/07	University of Southern California, Los Angeles, CA	MPH
	Epidemiology & Biostatistics	
8/99 - 5/03	Vanderbilt University, Nashville, TN	BS
	Major: Neuroscience      Minor: Religious Studies	

#### TRAINING

7/12 -6/15	University of Tennessee Health Science Center, Memphis, TN
	Pediatrics Residency

#### EMPLOYMENT

7/15 – current	Memphis Children's Clinic PLLC
	Pediatrician
5/07 - 8/08	Los Angeles County Department of Public Health, Los Angeles, CA
	Epidemiology Analyst
1/04 - 1/06	University of Tennessee Health Science Center, Memphis, TN
	Research Assistant

#### HONORS & AWARDS

2012	Albert M. Hand, MD Merit Scholar
	Recognizes third-year medical students for scholarship, humanism, and professionalism

#### COMMITTEES

2013 - 2015	Residency Curriculum Committee
	Member
8/08 – 5/12	Student National Medical Association, University of TN Health Science Center
	Member, Chaplain (2009-2010)

# Joi Wilson-Townsend, MD MPH

## Curriculum Vitae

8/06 – 5/07 Graduate and Professional Student Senate, University of Southern California  
Health Science Center Campus Chair